The same of the sa	
THE STATE OF	
ADIZONA OTRATED T	OARD OR TERATORY
·	BOARD OF HEALTH TAL STATISTICS State File No. 146
	IFICATE OF BIRTH
C 25 GIA State HYLLONG	
District or Township (10be or Village or Village	
City	
: Bull name of child Sam Jac quinto [If child is not yet named, make supplemental report, as directed.]	
	f
wole in event of plural births. 5. No., in order of birth.	7. Date of birth 3 - 13 - 21 Month Day Year
8. FATHER	14. MOTHER
Full name James Jacquinno	Full maiden name
9. Residence (Usual place of abode)	15 Residence
If non-resident, give place and state. Alah & Hyuzana	(Usual place of abode) If non-resident, give place and state. Alohe Hyrz one
10. Color or race	16 Color or race
11. Age at last birthday 5. 3 (Years)	+111
1	17. Age at last birthday. 3. 3. (Years)
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country)	(State or country)
13. Occupation Nature of industry	19. Occupation
ratine of modelly	House waxe.
20. Number of children of this mother	nd now living 21. Were precautions taken against oph-
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive by certified and including this child.)	at now dead thalmis neonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
I hereby certify that I attended the birth of this child, who was DONA Alive c. (Born alive or stillborn.) (Born alive or stillborn.)	
or midwife, then the father, householder, signature	Valani
child is one that neither breathes nor shows other evidence of life after birth.	Physician
Given name added from a supplemental report	Rlobe Hyrrong (Physician or midwile)
Month, day, year	
Registrar Riled Registrar	
7\6 -313-6-c	

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